

## PESTICIDES (PE)

IF S. COMPLETED RESIDENTIAL HISTORY FORM, THANK HIM/HER AND REVIEW FORM.  
IF S. DID NOT COMPLETE RESIDENTIAL HISTORY FORM, HELP HIM/HER TO COMPLETE IT AND CONTINUE.

REVIEW PERSONAL RESIDENCE AND WORK CALENDAR FORM AND MAKE SURE IT IS COMPLETE. PLACE A CHECK MARK NEXT TO EACH HOME LIVED IN FOR 2 YEARS OR MORE FROM [(30 YEARS AGO)/BIRTH] TO THE PRESENT.

ASK S. IF (HE/SHE) LIVED IN ANY SUMMER OR VACATION HOMES FOR A TOTAL OF 2 YEARS (24 MONTHS) OR MORE SINCE [(30 YEARS AGO)/BIRTH]. IF YES, ADD THESE HOMES TO THE CALENDAR AND PLACE A CHECK MARK NEXT TO THEM.

FOR EACH HOME THAT S. LIVED IN FOR 2 YEARS OR MORE SINCE [(30 YEARS AGO)/BIRTH], ENTER:

- YEAR MOVED IN;
- STREET NAME (OR CITY OR STATE); AND
- YEAR MOVED OUT.

FOR SUMMER/VACATION HOMES, ENTER IN COMMENTS THE EXACT NUMBER OF MONTHS LIVED IN THE SUMMER/VACATION HOME.

(IF < 2 HOMES ENTERED, DO NOT READ INTRODUCTION.) Before we review each home separately, I have some general questions to ask you.

PE-1. Have you ever lived on a farm?

YES ..... 1  
NO ..... 2 (PE-3)

PE-2. For how many total years did you live on a farm? IF DK, PROBE FOR CATEGORY.

LESS THAN 1 YEAR ..... 1  
1 TO 5 YEARS ..... 2  
6 TO 10 YEARS ..... 3  
MORE THAN 10 YEARS ..... 4

PE-3. Counting yourself, how many people usually slept in your bedroom up until you were 12 years old?

IF S. DID NOT LIVE IN ANY HOMES FOR 2 OR MORE YEARS WITHIN THE PAST 30 YEARS,  
END PE SECTION.

I am now going to ask you a series of questions about each home that you lived in for 2 or more years since [(30 YEARS AGO)/birth]. I will start with the most recent home and work backwards.

PE-4. (Now) let's talk about [your current home/your home on (STREET)/your home in (CITY)/your home in (STATE)]. (IF CURRENT HOME, VERIFY.) What type of home (is this/was this)?

SHOW CARD PE-1
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SINGLE FAMILY HOUSE ..... 01  
DUPLEX OR TWO-FAMILY HOUSE..... 02  
TOWNHOUSE OR ROWHOUSE ..... 03  
APARTMENT IN A BUILDING..... 04  
APARTMENT IN A HOUSE..... 05  
MOBILE HOME..... 06  
OTHER (SPECIFY)..... 96

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<p>PE-5. What (is/was) your primary source of drinking water? [AFTER FIRST READ-THROUGH, SAY: "What was your source of water?"]</p> <div data-bbox="285 884 630 926" data-label="Text"> <table border="1"> <tr> <td>SHOW CARD PE-2</td> </tr> </table> </div>	SHOW CARD PE-2	<p>PE-6. About how deep (is/was) the well?</p>	<p>PE-7. Please estimate the depth of the well to the nearest 50 feet.</p>
SHOW CARD PE-2			
<p> MUNICIPAL WATER SUPPLY..... 1 (PE-9)  HOUSEHOLD WELL ..... 2  SPRING ..... 3 (PE-9)  BOTTLED WATER ..... 4 (PE-9)  OTHER (SPECIFY) ..... 6 (PE-9)  _____ </p>	<p>  _ _ _ _  FT (PE-9)  DK ..... 998 </p>	<p> _ _ _ _  FT</p>	

FOR FIRST HOME, SAY:

The next set of questions is about pesticides, which are products used to control unwanted pests like insects, rodents, and weeds. I'm interested in pesticides that were applied by you, another household member, or an exterminator, gardener, or other professional.

SHOW CARD PE-3


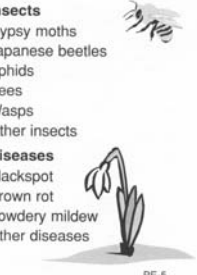
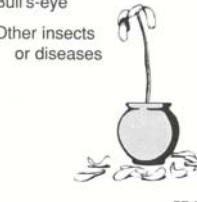
I'll start with pesticides used on any kind of outdoor plants, including on your lawn, trees, bushes, or flower or vegetable gardens, or on indoor plants. If you applied a fertilizer that contained a pesticide mixed into it, please include this, but only if you're sure.

FOR EACH HOME AFTER THE FIRST HOME, SAY:




Now let's talk about pesticides.




SHOW CARD PE-3







QUESTION PE-8 HAS BEEN OMITTED.

PLACE	PE-9. [Were pesticides ever used] (PLACE)?	PE-10. What did you treat for?  [MARK ALL THAT APPLY.]
<p><b>Lawn Pests</b></p> <p>Insects Dandelions Crabgrass Other weeds</p>  <p>PE-4</p>	<p>YES..... 1 NO ..... 2 (PE-9b)</p>	<p><u>PEST</u></p> <p>INSECTS..... 1 WEEDS ..... 2 LAWN, NOT OTHERWISE SPECIFIED</p>
<p><b>Pests of Outdoor Plants and Trees</b></p> <p>Weeds</p> <p>Insects Gypsy moths Japanese beetles Aphids Bees Wasps Other insects</p> <p>Diseases Blackspot Crown rot Powdery mildew Other diseases</p>  <p>PE-5</p>	<p>YES..... 1 NO ..... 2 (PE-9c)</p>	<p><u>PEST</u></p> <p>INSECTS..... 1 WEEDS ..... 2 DISEASES ..... 3 OUTDOOR PLANTS, NOT OTHERWISE SPECIFIED</p>
<p><b>Pests of Indoor Plants</b></p> <p>Aphids White fly Rust Root rot Bull's-eye Other insects or diseases</p>  <p>PE-6</p>	<p>YES..... 1 NO ..... 2 (PE-15)</p>	

ASK PE-11 THROUGH PE-14 FOR EACH PLACE (IN BOLD) AND PEST COMBINATION INDICATED IN PE-9 AND PE-10. IF PE-10a OR PE-10b = 06 (E.G., PEST NOT SPECIFIED), USE "PLACE" ONLY. FOR PE-9c, PEST = "insects and diseases."

<p>PLACE</p>	<p>PE-11. When you treated [for (PEST) on (PLACE)/ (PLACE)], who applied the treatments? [MARK ALL THAT APPLY.]</p>	<p>PE-12. (Of the years that you lived in this home), for how many years (were they applied)?</p>
<p><b>Lawn Pests</b></p> <p>Insects Dandelions Crabgrass Other weeds</p>  <p>PE-4</p>	<p>RESPONDENT ..... 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR ... 2 SOMEONE ELSE ..... 3</p>	<p>ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3</p>
<p><b>Pests of Outdoor Plants and Trees</b></p> <p><b>Weeds</b> <b>Insects</b> Gypsy moths Japanese beetles Aphids Bees Wasps Other insects</p> <p><b>Diseases</b> Blackspot Crown rot Powdery mildew Other diseases</p>  <p>PE-5</p>	<p>RESPONDENT ..... 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR ... 2 SOMEONE ELSE ..... 3</p>	<p>ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3</p>
<p><b>Pests of Indoor Plants</b></p> <p>Aphids White fly Rust Root rot Bull's-eye Other insects or diseases</p>  <p>PE-6</p>	<p>RESPONDENT ..... 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR ... 2 SOMEONE ELSE ..... 3</p>	<p>ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3</p>

PLACE	PE-13. READ PARENTHETICAL EXPRESSIONS FIRST TIME ONLY: (During a typical year that these pesticides were used,) how many times a year (were they applied)?	PE-14. How were they applied? [MARK ALL THAT APPLY.]
<p><b>Lawn Pests</b></p> <p>Insects Dandelions Crabgrass Other weeds</p>  <p>PE-4</p>	<p>ONCE A YEAR ..... 1 2 - 12 TIMES A YEAR ..... 2 MORE THAN 12 TIMES A YEAR ..... 3</p>	<p>SPRAY ..... 01 LIQUID ..... 02 GRANULES ..... 03 FOGGER..... 04 POWDER..... 05 BAIT OR TRAP ..... 06 MOTHBALLS ..... 07 OTHER (SPECIFY)..... 96</p> <p>_____</p>
<p><b>Pests of Outdoor Plants and Trees</b></p> <p>Weeds Insects Gypsy moths Japanese beetles Aphids Bees Wasps Other insects Diseases Blackspot Crown rot Powdery mildew Other diseases</p>  <p>PE-5</p>	<p>ONCE A YEAR ..... 1 2 - 12 TIMES A YEAR ..... 2 MORE THAN 12 TIMES A YEAR ..... 3</p>	<p>SPRAY ..... 01 LIQUID ..... 02 GRANULES ..... 03 FOGGER..... 04 POWDER..... 05 BAIT OR TRAP ..... 06 MOTHBALLS ..... 07 OTHER (SPECIFY)..... 96</p> <p>_____</p>
<p><b>Pests of Indoor Plants</b></p> <p>Aphids White fly Rust Root rot Bull's-eye Other insects or diseases</p>  <p>PE-6</p>	<p>ONCE A YEAR ..... 1 2 - 12 TIMES A YEAR ..... 2 MORE THAN 12 TIMES A YEAR ..... 3</p>	<p>SPRAY ..... 01 LIQUID ..... 02 GRANULES ..... 03 FOGGER..... 04 POWDER..... 05 BAIT OR TRAP ..... 06 MOTHBALLS ..... 07 OTHER (SPECIFY)..... 96</p> <p>_____</p>

TYPE OF PEST	PE-15. [Were pesticides ever used (inside or outside) to treat (for) (TYPE OF PEST)?] Which ones? [MARK ALL THAT APPLY.]	PE-16. [When you treated (for) (TYPE OF PEST)], who applied the treatments? [MARK ALL THAT APPLY.]
<b>Flying Insects</b>  Flies Mosquitoes Bees Wasps Hornets Moths Other flying insects 	NONE ..... 0 FLIES ..... 1 MOSQUITOES ..... 2 BEES, WASPS, OR HORNETS ..... 3 MOTHS ..... 4 OTHER (SPECIFY) ..... 6 _____	RESPONDENT ..... 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR ..... 2 SOMEONE ELSE ..... 3
<b>Crawling Insects</b>  Ants Roaches Silverfish Spiders Other crawling insects  	NONE ..... 0 ANTS OR ROACHES ..... 1 SILVERFISH ..... 2 SPIDERS ..... 3 OTHER (SPECIFY) ..... 6 _____	RESPONDENT ..... 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR ..... 2 SOMEONE ELSE ..... 3
<b>Rodents</b>  Mice Rats Squirrels Gophers Moles Bats Other rodents 	NONE ..... 0 MICE, RATS, OR SQUIRRELS ..... 1 GOPHERS OR MOLES ..... 2 BATS ..... 3 OTHER (SPECIFY) ..... 6 _____	RESPONDENT ..... 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR ..... 2 SOMEONE ELSE ..... 3
<b>Fleas and Ticks</b>  Fleas Ticks Inside and outside the home, including on pets 	NEITHER ..... 0 FLEAS ..... 1 TICKS ..... 2	RESPONDENT ..... 1 VETERINARIAN OR PROFESSIONAL GROOMER ..... 2 SOMEONE ELSE ..... 3
<b>Termites Carpenter Ants</b>  Any wooden structures of the home, such as: The foundation Outside steps Doors and door sills Window sills and shutters Porches Eaves 	NEITHER ..... 0 TERMITES ..... 1 CARPENTER ANTS ..... 2	RESPONDENT ..... 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR ..... 2 SOMEONE ELSE ..... 3

PE-17. (Of the years that you lived in this home), for how many years (were they applied)?	PE-18. How many times a year (were they applied)?	PE-19. How were they applied? [MARK ALL THAT APPLY.]	PE-20. Where were they applied? [MARK ALL THAT APPLY.]
ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3	ONCE A YEAR..... 1 2 - 12 TIMES A YEAR..... 2 MORE THAN 12 TIMES A YEAR..... 3	SPRAY ..... 01 LIQUID..... 02 GRANULES..... 03 FOGGER..... 04 POWDER ..... 05 BAIT OR TRAP..... 06 MOTHBALLS..... 07 OTHER (SPECIFY) ..... 96 _____	INSIDE THE HOME .. 1 IN THE GARAGE ..... 2 OUTSIDE ..... 3
ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3	ONCE A YEAR..... 1 2 - 12 TIMES A YEAR..... 2 MORE THAN 12 TIMES A YEAR..... 3	SPRAY ..... 01 LIQUID..... 02 GRANULES..... 03 FOGGER..... 04 POWDER ..... 05 BAIT OR TRAP..... 06 MOTHBALLS..... 07 OTHER (SPECIFY) ..... 96 _____	INSIDE THE HOME .. 1 IN THE GARAGE ..... 2 OUTSIDE ..... 3
ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3	ONCE A YEAR..... 1 2 - 12 TIMES A YEAR..... 2 MORE THAN 12 TIMES A YEAR..... 3	SPRAY ..... 01 LIQUID..... 02 GRANULES..... 03 FOGGER..... 04 POWDER ..... 05 BAIT OR TRAP..... 06 MOTHBALLS..... 07 OTHER (SPECIFY) ..... 96 _____	INSIDE THE HOME .. 1 IN THE GARAGE ..... 2 OUTSIDE ..... 3
ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3	ONCE A YEAR..... 1 2 - 12 TIMES A YEAR..... 2 MORE THAN 12 TIMES A YEAR..... 3	SPRAY ..... 01 DIP..... 02 COLLAR ..... 03 PET SHAMPOO ..... 04 POWDER ..... 05 OTHER (SPECIFY) ..... 96 _____	
ALL OR MOST ..... 1 ABOUT HALF ..... 2 LESS THAN HALF ..... 3	ONCE A YEAR..... 1 2 - 12 TIMES A YEAR..... 2 MORE THAN 12 TIMES A YEAR..... 3	SPRAY ..... 01 LIQUID..... 02 GRANULES..... 03 FOGGER..... 04 POWDER ..... 05 OTHER (SPECIFY) ..... 96 _____	INSIDE THE HOME .. 1 IN THE GARAGE ..... 2 OUTSIDE ..... 3



<p>PE-21. Was this home ever treated for (PEST)? (Please include treatments inside and outside the home.)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD PE-12</div>	<p>PE-22. Was it treated while you were living here, before you moved in, or both?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD PE-13</div>
<p style="text-align: center;"><u>PEST</u></p> <p>a. Termites?</p> <p>YES ..... 1</p> <p>NO ..... 2 (PE-21b)</p>	<p>WHILE IN RESIDENCE ..... 1</p> <p>BEFORE MOVING IN ..... 2 (PE-21b)</p> <p>BOTH WHILE IN RESIDENCE AND BEFORE MOVING IN ..... 3</p>
<p>b. Carpenter ants?</p> <p>YES ..... 1</p> <p>NO ..... 2 (PE-26)</p>	<p>WHILE IN RESIDENCE ..... 1</p> <p>BEFORE MOVING IN ..... 2 (PE-26)</p> <p>BOTH WHILE IN RESIDENCE AND BEFORE MOVING IN ..... 3</p>

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> IF S. LIVED IN HOME IN 1988, AND  PE-22a = 1 OR 3, ASK PE-23.  OTHERWISE, GO TO PE-24. </div> PE-23. In which years did you treat for termites?	PE-24. How many times (was it treated)?	PE-25. Who applied the treatments? [MARK ALL THAT APPLY.]
<hr style="width: 200px; margin-bottom: 10px;"/> IF DK: Did you treat before or after 1988?  BEFORE 1988..... 1 IN 1988..... 2 AFTER 1988..... 3	<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> </div>	RESPONDENT ..... 1 PROFESSIONAL EXTERMINATOR..... 2 SOMEONE ELSE ..... 3
	<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> </div>	RESPONDENT ..... 1 PROFESSIONAL EXTERMINATOR..... 2 SOMEONE ELSE ..... 3

PE-26. While you were living in this home, did the community ever spray for insects such as gypsy moths, Mediterranean fruit flies, or mosquitoes?

YES ..... 1  
NO ..... 2 (END SECTION)

PE-27. Which pest did your community spray for? Was it:  
[MARK ALL THAT APPLY.]

Gypsy moths, ..... 1  
Mediterranean fruit flies, ..... 2  
Mosquitoes, or ..... 3  
Something else? (SPECIFY) ..... 6  


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PE-28. For how many years did community spraying for any of these pests occur? Please include any year in which the community sprayed at least once.

# YEARS

GO TO THE PERSONAL RESIDENCE AND WORK CALENDAR AND MARK ALL OTHER HOMES LIVED IN FOR AT LEAST 2 YEARS (I.E., THOSE LIVED IN FOR AT LEAST 2 YEARS MORE THAN 30 YEARS AGO). IF NO OTHER HOMES, END PE SECTION.

Now I would like to ask you a brief question about your main source of drinking water in each of the other homes you have lived in for 2 years or more. When answering this questions, just tell me if it was a municipal water supply, a household well, or something else.

ASK THE QUESTION BELOW ABOUT EACH ADDITIONAL HOME. RECORD THE RESPONSE CODE DIRECTLY ON THE CALENDAR.

PE-29. What was your primary source of drinking water while you were living at this home?

M = MUNICIPAL WATER SUPPLY  
W = HOUSEHOLD WELL  
O = OTHER  
D = DON'T KNOW

<p style="text-align: center;"><b><u>SHOW CARD PE-1</u></b></p> <p><b>What type of home was this?</b>          Single family house          Duplex or two-family house          Townhouse or rowhouse          Apartment in a building          Apartment in a house          Mobile home          Another type of home</p>	<p style="text-align: center;"><b><u>SHOW CARD PE-2</u></b></p> <p><b>What was your main source of drinking water?</b>          Municipal water supply          Household well          Spring          Bottled water          Another source</p>
<p style="text-align: center;"><b><u>SHOW CARD PE-3</u></b></p> <p style="text-align: center;"><b>Include pesticides used inside and outside your home</b></p> <p><b>Inside</b>          All areas of the home, including:          Attic          Kitchen          Bathroom          Basement  <b>Outside</b>          All areas, including:          Lawn          Vegetable or flower gardens          Trees  <b>Garage</b></p>	<p style="text-align: center;"><b><u>SHOW CARD PE-4</u></b></p> <p style="text-align: center;"><b>Lawn pests</b></p> <p>Insects          Dandelions          Crabgrass          Other weeds</p>
<p style="text-align: center;"><b><u>SHOW CARD PE-5</u></b></p> <p style="text-align: center;"><b>Pests of outdoor plants and trees</b></p> <p><b>Weeds</b>  <b>Insects</b>          Gypsy moths          Bees          Japanese beetles          Wasps          Aphids          Other insects  <b>Diseases</b>          Blackspot          Crown rot          Powdery mildew          Other diseases</p>	<p style="text-align: center;"><b><u>SHOW CARD PE-6</u></b></p> <p style="text-align: center;"><b>Pest of indoor plants</b></p> <p>Aphids          Root rot          White fly          Bull's-eye          Rust          Other insects or diseases</p>

<p style="text-align: center;"><b><u>SHOW CARD PE-7</u></b></p> <p style="text-align: center;"><b>Flying insects</b></p> <p>Flies Mosquitoes Bees Wasps Hornets Moths Other flying insects</p>	<p style="text-align: center;"><b><u>SHOW CARD PE-8</u></b></p> <p style="text-align: center;"><b>Crawling insects</b></p> <p>Ants Roaches Silverfish Spiders Other crawling insects</p>								
<p style="text-align: center;"><b><u>SHOW CARD PE-9</u></b></p> <p style="text-align: center;"><b>Rodents</b></p> <p>Mice Rats Squirrels Gophers Moles Bats Other rodents</p>	<p style="text-align: center;"><b><u>SHOW CARD PE-4-9</u></b></p> <p><b>Who applied the treatments?</b> You A lawn service, gardener, or exterminator Someone else</p> <p><b>For how many years were they applied?</b> All or most years About half of the years Less than half of the years</p> <p><b>How many times a year?</b> Once a year 2 to 12 times a year More than 12 times a year</p> <p><b>How were they applied?</b></p> <table border="0"> <tr> <td>Spray</td> <td>Powder</td> </tr> <tr> <td>Fogger</td> <td>Bait or trap</td> </tr> <tr> <td>Liquid</td> <td>Mothballs</td> </tr> <tr> <td>Granules</td> <td>Other</td> </tr> </table> <p><b>Where were they applied?</b> Inside the home In the garage Outside</p>	Spray	Powder	Fogger	Bait or trap	Liquid	Mothballs	Granules	Other
Spray	Powder								
Fogger	Bait or trap								
Liquid	Mothballs								
Granules	Other								

**SHOW CARD PE-10**

**Fleas and ticks on pets**

**Who applied the treatments?**

You  
A veterinarian groomer  
Someone else

**For how many years were they applied?**

All or most years  
About half of the years  
Less than half of the years

**How many times a years?**

Once a year  
2 to 12 times a year  
More than 12 times a year

**How were they applied?**

Spray	Pet shampoo
Dip	Powder
Collar	Other

**SHOW CARD PE-11**

**Fleas and ticks inside and outside your home**

**Who applied the treatments?**

You  
A lawn service, gardener, or exterminator  
Someone else

**For how many years were they applied?**

All or most years  
About half of the years  
Less than half of the years

**How many times a year?**

Once a year  
2 to 12 times a year  
More than 12 times a year

**How were they applied?**

Spray	Granules
Fogger	Powder
Liquid	Other

**Where were they applied?**

Inside the home  
In the garage  
Outside

**SHOW CARD PE-12**

**Termites and carpenter ants**

**Any wooden structures of the home, such as :**

The foundation  
Outside steps  
Doors and door sills  
Window sills and shutters  
Porches  
Eaves

**SHOW CARD PE-13**

**When was it treated?**

While you lived there  
Before you moved in  
Both

**How many times?**

**Who applied the treatments?**

You  
Professional exterminator  
Someone else